

FILED NOV 12 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33916

State File No.

Registration District No.

Primary Registration District No.

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Homar G. Phillips
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 hrs. 5 mins
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Infant Belcher

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Fem. 5. Color or race Negro 6. (a) Single, widowed, married, divorced 6
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 10 17 48
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 9 hr. 5 min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name Anna Mae Belcher
15. Birthplace Helena Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Annall Jett
(b) Address 2601 N. Whittier

17. (a) Anatomical Board (b) Date thereof OCT 31 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Anatomical Board

18. (a) Signature of funeral director Funeral and Mortuary Service

(b) Address 1164 Manchester Ave.

19. (a) OCT 31 1948 (b) J. B. Kessler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1125a N. 20th
(If rural, give location)
(e) Citizen of foreign country? 21 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 17
year 1948 hour 8: minute 35 P.M.

21. I hereby certify that I attended the deceased from 11:30 A.M.
10-17 1948 to 8:35 P.M. 1948
that I last saw her alive on 10-17- 1948
and that death occurred on the date and hour stated above.
Immediate cause of death Prematurity.

Due to _____

Due to _____

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. T. Linder (M. D. or other) 10-20-48
Address 2601 N. Whittier Date signed _____

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.